

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Harrisor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Martin(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet? 1(5) Number in  
order of birth 8  
To be numbered only in case of twins or triplets(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Jan 18 1906  
(Name of Month) (Day) (Year)(8) FULL  
NAME David Martin

FATHER.

(9) PRESENT  
POSTOFFICE  
OF FATHER Simpsonville(10) COLOR  
OR  
RACE Black(11) AGE AT LAST  
BIRTHDAY 28  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to  
mother, including present birth 8(14) NAME BEFORE  
MARRIAGE Wilder Jackson(15) PRESENT  
POSTOFFICE  
OF MOTHER Simpsonville(16) COLOR  
OR  
RACE Black(17) AGE AT LAST  
BIRTHDAY 30  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother  
now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. G. H. Jackson M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Simpsonville S.C.Given name added from a supplement-  
tal report

(26) Witness .....

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed March 11 1916 (28) J. B. O'Neil  
Local Registrar.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If  
a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the  
fifth month of pregnancy.M. R. McCaw, of Columbia, S. C.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

File No.—For State Registrar Only

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